

<i>SERFF Tracking Number:</i>	<i>PRTA-125594236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38633</i>
<i>Company Tracking Number:</i>	<i>BETH TERMRIDER</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>L504V2-D 4-08, et al</i>		
<i>Project Name/Number:</i>	<i>L504V2-D 4-08, et al/L504V2-D 4-08, et al</i>		

Filing at a Glance

Company: Protective Life Insurance Company

Product Name: L504V2-D 4-08, et al

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: PRTA-125594236 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38633

Co Tr Num: BETH TERMRIDER

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Beth Fledderman

Disposition Date: 04/11/2008

Date Submitted: 04/07/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: L504V2-D 4-08, et al

Project Number: L504V2-D 4-08, et al

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to Tennessee on 04/04/2008.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

These riders are being submitted for your review and approval. They are new forms and will not replace any forms currently in use by our company. This filing does not contain any unusual or possibly controversial items from normal company or industry standards.

Currently we plan to use these riders with term life insurance policy form TL-12-AR 8-03, which was approved by your department on 09/24/2003 (State Tracking Number 23859 / SERFF Tracking No. SERT-5QLPYT647).

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The riders will not be illustrated.

The forms are being submitted to our domiciliary state, Tennessee, concurrently.

Company and Contact

Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist	elizabeth.fledderman@protective.com
2801 Highway 280 South	(800) 866-3555 [Phone]
Birmingham, AL 35223	(205) 268-3401[FAX]

Filing Company Information

Protective Life Insurance Company	CoCode: 68136	State of Domicile: Tennessee
2801 Highway 280	Group Code: 458	Company Type:
Birmingham, AL 35223	Group Name:	State ID Number:
(800) 866-3555 ext. [Phone]	FEIN Number: 63-0169720	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per filing + \$50 Rates = \$100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$100.00	04/07/2008	19332177

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/11/2008	04/11/2008

<i>SERFF Tracking Number:</i>	<i>PRTA-125594236</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 04/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRTA-125594236	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	38633
Company Tracking Number:	BETH TERMRIDER		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	L504V2-D 4-08, et al		
Project Name/Number:	L504V2-D 4-08, et al/L504V2-D 4-08, et al		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Sample Policy Schedule		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Waiver of Premium Rider		Yes
Rate	Rates		Yes
Rate	Rates		Yes

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Form Schedule

Lead Form Number: L504V2-D 4-08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L504V2-D 4-08	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	L504V2-D.pdf
	L504V2 4-08	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57	L509V2.pdf

ACCIDENTAL DEATH BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the premiums for this rider shown in the Schedule of Benefits and Premiums of the policy. All the terms of the policy apply to this rider except for those that disagree with this rider.

Rider Benefit. The benefit provided by this rider is an additional death benefit if the death of the Insured results from an accident. We will pay this death benefit if all the conditions of this rider are met and none of the exclusions discussed below apply. Any amount due under this rider will be added to the death benefit provided by the policy and will be paid to the Beneficiary.

Amount of Benefit. The amount of benefit for this rider is the Benefit Amount shown in the Schedule of Benefits and Premiums of the policy.

Proof of Accidental Death. To pay any benefit under this rider, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- (1) As a direct result of accidental bodily injury independently of all other causes; and
- (2) Within 180 days after the injury was received; and
- (3) While the policy and this rider were in full force.

Unless prohibited by law, we have the right to examine the body and have an autopsy done at any time.

Exclusions. There are some exclusions to the coverage provided by this rider. No accidental death benefit will be payable if the Insured's death results directly or indirectly from any of these causes:

Suicide - Suicide, while the Insured is sane or insane.

War - War shall include all armed conflict, declared or undeclared, or any act of war, including any act of committing or resisting armed conflict.

Military Service - Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "Country" includes any international organization or group of countries.

Aviation - Travel in, or descent from or with, any kind of aircraft aboard which the Insured is a pilot or crew member or is giving or receiving any training. "Crew member" includes anyone who has any duty aboard the aircraft.

Natural Causes - Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.

Drug - The voluntary taking or injection of any drug, hypnotic, or narcotic, unless prescribed by a physician.

Felony - Injury received while committing a felony.

General Provisions

Rider Date. The benefits under this rider shall be effective as of the Rider Date. The Rider Date will be the Date of Issue of the policy to which it is attached unless a different date is shown below.

Contestability. The contestability limitation contained in the policy applies to claims under this rider. The period of contestability will be measured from the Rider Date instead of the Date of Issue.

Termination. This rider will terminate:

- (1) At Age 70;
- (2) At the end of the Grace Period for an unpaid premium;
- (3) On any premium due date upon written request; but you must return the policy so we may remove the rider; or
- (4) If the policy to which it is attached ceases to be in full force (the policy is not in full force if a non-forfeiture option has been elected or if the policy is in force under Extended or Paid-Up Insurance).

The premium paid for the policy after the rider terminates will be reduced by the rider's premium. If we are paid and accept a premium for the rider after it terminates, we will owe you all such amounts and interest at 6% but will have no other liability.

Signed for the Company as of the Rider Date.

PROTECTIVE LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Deborah J. Long". The signature is written in a cursive, flowing style.

Secretary

WAIVER OF PREMIUM RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the premiums for this rider shown in the Schedule of Benefits and Premiums of the policy. All the terms of the policy apply to this rider except for those that disagree with this rider.

Waiver Benefit. This rider provides a waiver of premium benefit for total disability. After the Insured has been totally disabled for six months and all the conditions of this rider are met, we will waive premiums for the policy, including all riders attached to it. These premiums are:

- (1) Any premium which becomes due after the Insured has been totally disabled for six months; and
- (2) Any premium which was due during the first six months of total disability.

If any of these premiums have been paid to us, they will be refunded to you when the waiver benefit is allowed.

If disability begins during the Grace Period of an unpaid premium, we will be entitled to that premium and interest at 6% per year from the end of the Grace Period until it is paid and, if not paid to us earlier, this amount will be deducted from any amount due under the policy.

Waiver of any premium will not reduce the amount payable in any settlement of the policy. All policy rights and values will be the same as if the premiums had been paid. The only exception is that the frequency of premium payments cannot be changed while the Insured is totally disabled.

Exclusions. This rider does not cover:

- (1) Total disability directly caused by any intentionally self-inflicted injury; or
- (2) Total disability caused by war while the Insured is in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war or any act of war. "Country" includes any international organization or group of countries; or
- (3) Total disability, consisting solely of blindness or partial blindness, when such condition existed on the Rider Date.

Total Disability. Total disability is an incapacity of the Insured which:

- (1) is caused by sickness or injury; and
- (2) Begins while this rider and the policy are in full force; and
- (3) (a) For the first 5 years of any period of any total disability, prevents the Insured from performing substantially all the substantial and material duties of the Insured's regular occupation, if any; or
(b) After total disability has continued for 5 years, or, if the Insured has no regular occupation, from the start of total disability, prevents the Insured from engaging in any occupation the Insured is qualified to perform.

"Regular occupation" means the Insured's usual work, employment, business or profession at the time total disability began.

"Occupation" means any work, employment, business or profession which the Insured is or becomes reasonably qualified to do based on education, training or experience.

For some conditions, we consider the Insured to be totally disabled even if the Insured is able to work, provided that the condition did not exist on the Rider Date. These conditions are the total loss of the sight of both eyes, or the total loss of use of both hands, or both feet, or one hand and one foot. Any of these will be total disability as long as the loss continues.

Recurrent Disabilities. A period of total disability due to the same or related cause as that of a prior period of total disability may be a continuation of the prior period. This depends on how much time has passed from the end of the prior period to the date the current total disability began. If less than 30 days have passed, we will consider it to be a continuation of the prior period. If 30 days or more have passed, we will consider it to be a new period of total disability.

Notice of Claim. Notice of claim means notice to us at our Home Office that the Insured is totally disabled and that a claim may be made under this rider. We require that this notice be in writing and that it identify the Insured. Notice given by or for you shall be notice of claim.

There are two time limits for giving notice of claim. First, no benefit will be allowed unless this notice is given to us while the Insured is living and during continuance of total disability. Second, no premium will be waived if its due date was more than one year before we were given the notice.

However, if it was not reasonably possible to give us notice of claim within the time limit, the delay will not reduce the benefit if notice is given as soon as it is reasonably possible to do so.

Proof of Claim. Before the waiver benefit is allowed, proof of claim must be given to us at our Home Office. Proof may be given by or for the Owner. Proof of claim means satisfactory written proof that:

- (1) The insured is totally disabled;
- (2) Total disability began while this rider and the policy were in full force;
- (3) Total disability began before Age 60; and
- (4) Total disability has continued for six months.

We have forms which are to be used to make a claim. They will be sent within 15 days of notice of claim. As part of the proof of claim, we have the right to require that the Insured be examined by a physician chosen by us. We will pay for this examination.

When Proof of Claim Must be Made. Proof of claim must be received at our Home Office while the Insured is living and during the continuance of total disability. Also, it must be received within one year after the termination of this rider.

However, if it was not reasonably possible to give us proof of claim on time, the delay will not reduce the benefit if proof is given as soon as it is reasonably possible to do so.

Proof of Continued Disability. During the first two years after proof of claim is received, we may require satisfactory proof of continued disability at reasonable intervals. After two years, we may require proof not more often than once a year. As part of this proof, we have the right to ask for an examination of the Insured by a physician chosen by us. We will pay for this examination.

If your total disability ends and you fail to tell us in writing, you will owe us any premium we waive after the end of total disability with interest at 6% per year.

When Waiver Ends. The waiver benefit will end when any of the following occurs:

- (1) The Insured is no longer totally disabled; or
- (2) Satisfactory proof of continued total disability is not given to us as required; or
- (3) The Insured refuses or fails to have an examination we ask for.

General Provisions

Rider Date. The benefits under this rider shall be effective as of the Rider Date. The Rider Date will be the Date of Issue of the policy to which it is attached unless a different date is shown below.

Contestability. The contestability limitation contained in the policy applies to claims under this rider. The period of contestability will be measured from the Rider Date instead of the Date of Issue.

Termination. This rider will terminate:

- (1) at Age 60;
- (2) at the end of the Grace Period for any unpaid premium;
- (3) on any premium due date upon written request; but you must return the policy so we may remove the rider; or
- (4) if the policy to which it is attached ceases to be in full force (the policy is not in full force if a non-forfeiture option has been elected or if the policy is in force under Extended or Paid-Up Insurance).

but we are still responsible for any claim because of total disability that exists at the date of termination.

The premium for the policy after the rider terminates will be reduced by this rider's premium. If we are paid and accept a premium for the rider after it terminates, we will owe you all such amounts and interest at 6% but will have no other liability.

Signed for the Company as of the Rider Date.

PROTECTIVE LIFE INSURANCE COMPANY



Secretary

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRTA-125594236	State:	Arkansas
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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
	Rates	L504V2-D 4-08	New		ADB Rates L504V2 4-08.pdf
	Rates	L509V2 4-08	New		WOP Rates L509V2 4-08.pdf

ADB Rates - L504V2 4-08

15	
16	
17	
18	0.8
19	0.8
20	0.8
21	0.8
22	0.8
23	0.8
24	0.8
25	0.8
26	0.78
27	0.76
28	0.75
29	0.75
30	0.75
31	0.76
32	0.77
33	0.78
34	0.8
35	0.82
36	0.84
37	0.86
38	0.88
39	0.89
40	0.91
41	0.92
42	0.94
43	0.95
44	0.96
45	0.97
46	0.98
47	1
48	1.01
49	1.02
50	1.04
51	1.06
52	10.8
53	1.1
54	1.12
55	1.15
56	1.17
57	1.2
58	1.23
59	1.26
60	1.29
61	1.32
62	1.35
63	1.39
64	1.43
65	1.47

Waiver of Premium '98 10 Year
Annual Premium Rate per \$1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.10	0.10	0.10	0.10	0.10	0.10
19	0.10	0.10	0.10	0.10	0.10	0.10
20	0.10	0.10	0.10	0.10	0.10	0.10
21	0.10	0.10	0.10	0.10	0.10	0.10
22	0.10	0.10	0.10	0.10	0.10	0.10
23	0.10	0.10	0.10	0.10	0.10	0.10
24	0.10	0.10	0.10	0.10	0.10	0.10
25	0.10	0.10	0.10	0.10	0.10	0.10
26	0.10	0.10	0.10	0.10	0.10	0.10
27	0.10	0.10	0.10	0.10	0.10	0.10
28	0.10	0.10	0.10	0.10	0.10	0.11
29	0.10	0.10	0.10	0.10	0.10	0.12
30	0.10	0.10	0.10	0.10	0.10	0.14
31	0.10	0.10	0.11	0.10	0.11	0.16
32	0.10	0.10	0.12	0.10	0.12	0.19
33	0.11	0.11	0.14	0.12	0.15	0.24
34	0.11	0.11	0.15	0.12	0.16	0.25
35	0.12	0.12	0.17	0.13	0.17	0.28
36	0.12	0.12	0.18	0.13	0.17	0.29
37	0.13	0.13	0.20	0.14	0.18	0.32
38	0.13	0.14	0.20	0.14	0.18	0.33
39	0.14	0.15	0.23	0.16	0.19	0.37
40	0.15	0.17	0.27	0.18	0.22	0.41
41	0.17	0.19	0.32	0.21	0.25	0.46
42	0.19	0.21	0.37	0.24	0.28	0.51
43	0.21	0.24	0.43	0.28	0.32	0.57
44	0.23	0.27	0.49	0.32	0.36	0.63
45	0.26	0.29	0.54	0.34	0.39	0.68
46	0.28	0.31	0.58	0.36	0.41	0.72
47	0.32	0.35	0.65	0.40	0.45	0.79
48	0.39	0.42	0.78	0.46	0.53	0.91
49	0.48	0.51	0.94	0.55	0.61	1.05
50	0.61	0.64	1.15	0.68	0.73	1.24
51	0.79	0.81	1.44	0.85	0.89	1.50
52	1.00	1.01	1.77	1.05	1.07	1.78
53	1.23	1.23	2.16	1.26	1.28	2.11
54	1.53	1.53	2.72	1.55	1.55	2.57
55	1.92	1.93	3.47	1.92	1.92	3.18

Waiver of Premium '98 15 Year
Annual Premium Rate per \$1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.10	0.10	0.10	0.10	0.10	0.12
19	0.10	0.10	0.10	0.10	0.10	0.12
20	0.10	0.10	0.10	0.10	0.10	0.12
21	0.10	0.10	0.10	0.10	0.10	0.12
22	0.10	0.10	0.10	0.10	0.10	0.12
23	0.10	0.10	0.10	0.10	0.10	0.12
24	0.10	0.10	0.10	0.10	0.10	0.12
25	0.10	0.10	0.10	0.10	0.10	0.12
26	0.10	0.10	0.10	0.10	0.10	0.12
27	0.10	0.10	0.10	0.10	0.10	0.12
28	0.10	0.10	0.10	0.10	0.10	0.12
29	0.10	0.10	0.10	0.10	0.10	0.13
30	0.10	0.10	0.11	0.10	0.11	0.15
31	0.10	0.10	0.12	0.11	0.12	0.17
32	0.10	0.10	0.13	0.12	0.13	0.20
33	0.12	0.12	0.16	0.14	0.16	0.25
34	0.12	0.12	0.17	0.14	0.17	0.27
35	0.13	0.13	0.19	0.15	0.19	0.31
36	0.13	0.13	0.20	0.15	0.19	0.33
37	0.14	0.14	0.22	0.16	0.20	0.36
38	0.15	0.15	0.24	0.17	0.20	0.38
39	0.16	0.16	0.26	0.18	0.21	0.40
40	0.17	0.18	0.29	0.19	0.23	0.43
41	0.18	0.20	0.34	0.21	0.25	0.46
42	0.20	0.22	0.37	0.23	0.27	0.49
43	0.24	0.26	0.45	0.28	0.32	0.56
44	0.27	0.30	0.52	0.32	0.36	0.63
45	0.28	0.32	0.56	0.33	0.39	0.65
46	0.32	0.36	0.64	0.38	0.43	0.73
47	0.37	0.41	0.73	0.43	0.48	0.81
48	0.47	0.50	0.89	0.52	0.58	0.97
49	0.60	0.63	1.10	0.65	0.71	1.18
50	0.69	0.71	1.20	0.72	0.77	1.26
51	1.00	1.03	1.67	1.03	1.08	1.73
52	1.24	1.26	1.99	1.26	1.30	2.01
53	1.52	1.53	2.35	1.53	1.56	2.30
54	1.85	1.86	2.78	1.86	1.87	2.63
55	2.29	2.29	3.36	2.29	2.29	3.08

Waiver of Premium '98 20 Year
Annual Premium Rate per \$1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.11	0.11	0.11	0.11	0.11	0.13
19	0.11	0.11	0.11	0.11	0.11	0.13
20	0.11	0.11	0.11	0.11	0.11	0.13
21	0.11	0.11	0.11	0.11	0.11	0.13
22	0.11	0.11	0.11	0.11	0.11	0.13
23	0.11	0.11	0.11	0.11	0.11	0.13
24	0.11	0.11	0.11	0.11	0.11	0.13
25	0.11	0.11	0.11	0.11	0.11	0.13
26	0.11	0.11	0.11	0.11	0.11	0.13
27	0.11	0.11	0.11	0.11	0.11	0.13
28	0.11	0.11	0.11	0.11	0.11	0.13
29	0.11	0.11	0.11	0.11	0.11	0.14
30	0.11	0.11	0.12	0.11	0.12	0.17
31	0.11	0.11	0.13	0.12	0.13	0.20
32	0.11	0.11	0.14	0.12	0.14	0.21
33	0.12	0.12	0.16	0.14	0.16	0.25
34	0.12	0.12	0.18	0.14	0.17	0.27
35	0.13	0.13	0.20	0.15	0.19	0.31
36	0.14	0.14	0.23	0.16	0.20	0.35
37	0.15	0.15	0.26	0.17	0.21	0.38
38	0.16	0.16	0.28	0.18	0.21	0.40
39	0.18	0.18	0.32	0.20	0.24	0.44
40	0.19	0.20	0.34	0.21	0.25	0.46
41	0.20	0.22	0.37	0.23	0.27	0.49
42	0.23	0.25	0.43	0.27	0.31	0.55
43	0.25	0.28	0.48	0.30	0.34	0.60
44	0.28	0.31	0.54	0.33	0.38	0.65
45	0.31	0.35	0.61	0.37	0.42	0.72
46	0.40	0.44	0.78	0.46	0.52	0.87
47	0.46	0.50	0.88	0.52	0.58	0.94
48	0.55	0.58	0.99	0.60	0.65	1.03
49	0.68	0.71	1.15	0.72	0.76	1.17
50	0.77	0.79	1.21	0.79	0.82	1.20
51	1.07	1.10	1.59	1.09	1.13	1.55
52	1.37	1.40	1.92	1.39	1.42	1.82
53	1.71	1.73	2.26	1.72	1.74	2.10
54	2.16	2.17	2.73	2.16	2.17	2.46
55	2.62	2.62	3.18	2.62	2.62	2.79

Waiver of Premium '98 25 Year
Annual Premium Rate per \$1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.16	0.16	0.19	0.16	0.16	0.26
19	0.16	0.16	0.19	0.16	0.16	0.26
20	0.16	0.16	0.19	0.16	0.16	0.26
21	0.16	0.16	0.19	0.16	0.16	0.26
22	0.16	0.16	0.19	0.16	0.16	0.26
23	0.16	0.16	0.19	0.16	0.16	0.26
24	0.16	0.16	0.19	0.16	0.16	0.26
25	0.16	0.16	0.19	0.16	0.16	0.26
26	0.16	0.16	0.19	0.16	0.16	0.26
27	0.17	0.17	0.20	0.17	0.17	0.27
28	0.17	0.17	0.20	0.17	0.19	0.27
29	0.17	0.17	0.22	0.17	0.20	0.29
30	0.17	0.17	0.24	0.17	0.22	0.32
31	0.18	0.18	0.29	0.20	0.27	0.40
32	0.18	0.18	0.29	0.20	0.28	0.41
33	0.18	0.18	0.30	0.21	0.29	0.42
34	0.19	0.19	0.32	0.22	0.31	0.47
35	0.21	0.21	0.36	0.24	0.36	0.56
36	0.22	0.22	0.37	0.23	0.37	0.56
37	0.25	0.25	0.42	0.26	0.42	0.63
38	0.27	0.27	0.44	0.27	0.42	0.63
39	0.31	0.31	0.49	0.30	0.47	0.68
40	0.36	0.36	0.57	0.35	0.52	0.76
41	0.40	0.40	0.63	0.39	0.54	0.79
42	0.43	0.44	0.68	0.43	0.55	0.81
43	0.46	0.48	0.73	0.47	0.55	0.82
44	0.52	0.53	0.82	0.53	0.56	0.88
45	0.59	0.59	0.91	0.59	0.59	0.97
46	0.65	0.65	0.99	0.63	0.63	1.01
47	0.71	0.71	1.06	0.67	0.67	1.03
48	0.81	0.81	1.15	0.75	0.75	1.09
49	1.00	1.00	1.31	0.89	0.89	1.21
50	1.13	1.13	1.39	0.98	0.98	1.25
51	1.33	1.33		1.15	1.15	1.36
52	1.55	1.55		1.34	1.34	1.46
53	1.83	1.83		1.56	1.56	1.59
54	2.13	2.13		1.80	1.80	1.80
55	2.53	2.53		2.14	2.14	2.14

Waiver of Premium '98 30 Year
Annual Premium Rate per \$1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.16	0.16	0.19	0.16	0.16	0.26
19	0.16	0.16	0.19	0.16	0.16	0.26
20	0.16	0.16	0.19	0.16	0.16	0.26
21	0.16	0.16	0.19	0.16	0.16	0.26
22	0.16	0.16	0.19	0.16	0.16	0.26
23	0.16	0.16	0.19	0.16	0.16	0.26
24	0.16	0.16	0.19	0.16	0.16	0.26
25	0.16	0.16	0.19	0.16	0.16	0.26
26	0.16	0.16	0.19	0.16	0.16	0.26
27	0.17	0.17	0.20	0.17	0.17	0.27
28	0.17	0.17	0.20	0.17	0.19	0.27
29	0.17	0.17	0.22	0.17	0.20	0.29
30	0.17	0.17	0.24	0.17	0.22	0.32
31	0.18	0.18	0.29	0.20	0.27	0.40
32	0.18	0.18	0.29	0.20	0.28	0.41
33	0.18	0.18	0.30	0.21	0.29	0.42
34	0.19	0.19	0.32	0.22	0.31	0.47
35	0.21	0.21	0.36	0.24	0.36	0.56
36	0.22	0.22	0.37	0.23	0.37	0.56
37	0.25	0.25	0.42	0.26	0.42	0.63
38	0.27	0.27	0.44	0.27	0.42	0.63
39	0.31	0.31	0.49	0.30	0.47	0.68
40	0.36	0.36	0.57	0.35	0.52	0.76
41	0.40	0.40	0.63	0.39	0.54	0.79
42	0.43	0.44	0.68	0.43	0.55	0.81
43	0.46	0.48	0.73	0.47	0.55	0.82
44	0.52	0.53	0.82	0.53	0.56	0.88
45	0.59	0.59	0.91	0.59	0.59	0.97
46	0.65	0.65	0.99	0.63	0.63	1.01
47	0.71	0.71	1.06	0.67	0.67	1.03
48	0.81	0.81	1.15	0.75	0.75	1.09
49	1.00	1.00	1.31	0.89	0.89	1.21
50	1.13	1.13	1.39	0.98	0.98	1.25
51	1.33	1.33		1.15	1.15	1.36
52	1.55	1.55		1.34	1.34	1.46
53	1.83	1.83		1.56	1.56	1.59
54	2.13	2.13		1.80	1.80	1.80
55	2.53	2.53		2.14	2.14	2.14

Waiver of Premium (Renewal)
Annual Premium Rate per \$1,000

Proposed Rates

AA	MPF	MNT	MTB	FPF	FNT	FTB
28	0.17	0.17	0.28	0.17	0.17	0.28
29	0.17	0.17	0.28	0.17	0.17	0.28
30	0.17	0.17	0.28	0.17	0.17	0.28
31	0.17	0.17	0.28	0.17	0.17	0.28
32	0.17	0.17	0.28	0.17	0.17	0.28
33	0.17	0.17	0.28	0.17	0.17	0.28
34	0.17	0.17	0.29	0.17	0.17	0.29
35	0.19	0.19	0.31	0.19	0.19	0.31
36	0.21	0.21	0.35	0.21	0.21	0.35
37	0.24	0.24	0.42	0.24	0.24	0.42
38	0.29	0.29	0.51	0.29	0.29	0.51
39	0.33	0.33	0.60	0.33	0.33	0.60
40	0.38	0.38	0.69	0.38	0.38	0.69
41	0.40	0.40	0.75	0.40	0.40	0.75
42	0.42	0.42	0.80	0.42	0.42	0.80
43	0.44	0.44	0.85	0.44	0.44	0.85
44	0.47	0.47	0.91	0.47	0.47	0.91
45	0.50	0.50	0.98	0.50	0.50	0.98
46	0.53	0.53	1.06	0.53	0.53	1.06
47	0.56	0.56	1.13	0.56	0.56	1.13
48	0.59	0.59	1.21	0.59	0.59	1.21
49	0.64	0.64	1.33	0.64	0.64	1.33
50	0.72	0.72	1.52	0.72	0.72	1.52
51	0.89	0.89	1.85	0.89	0.89	1.85
52	1.10	1.10	2.30	1.10	1.10	2.30
53	1.38	1.38	2.86	1.38	1.38	2.86
54	1.73	1.73	3.59	1.73	1.73	3.59
55	2.11	2.11	4.33	2.11	2.11	4.33
56	2.55	2.55	5.20	2.55	2.55	5.20
57	3.12	3.12	6.34	3.12	3.12	6.34
58	3.74	3.74	7.53	3.74	3.74	7.53
59	4.51	4.51	9.01	4.51	4.51	9.01

SERFF Tracking Number:	PRTA-125594236	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	38633
Company Tracking Number:	BETH TERMRIDER		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	L504V2-D 4-08, et al		
Project Name/Number:	L504V2-D 4-08, et al/L504V2-D 4-08, et al		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/04/2008
Comments:
Attachments:
AR Rule 19 Certification.pdf
Readability Certification.pdv.pdf

Review Status:

Bypassed -Name: Application 04/04/2008
Bypass Reason: Not applicable to this filing.
Comments:

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo 04/04/2008
Comments:
Attachments:
PL-504V2 Act Memo.pdf
PL-509V2 Act Memo.pdf

Review Status:

Satisfied -Name: Sample Policy Schedule 04/04/2008
Comments:
Attachment:
Sample Schedule w Riders.pdf

PROTECTIVE LIFE INSURANCE COMPANY
Birmingham, Alabama

STATE OF ARKANSAS

RULE AND REGULATION 19 CERTIFICATION

This is to certify that the attached Form Numbers L504V2-AR 4-08 and L509V2 4-08 are in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

Keith Kirkley, J.D., MBA
Assistant Vice President

Date: April 4, 2008

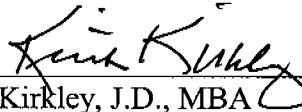
PROTECTIVE LIFE INSURANCE COMPANY

Birmingham, Alabama

READABILITY CERTIFICATION

This is to certify that the filed forms, along with all state variations, have achieved Flesch Reading Ease Test Scores as outlined in the following table:

Form Number	Flesch Score
L504V2 4-08	53.3
L509V2 4-08	56.7



Keith Kirkley, J.D., MBA
Assistant Vice President

Date: April 4, 2008

PROTECTIVE LIFE INSURANCE COMPANY

Actuarial Description

Accidental Death Benefit Rider

Form LV504V2 4-08

I. DESCRIPTION OF RIDER CHARACTERISTICS

This rider provides an additional death benefit if the death of the Insured results from an accident as defined in the rider.

The rider form defines all of the terms and conditions.

II. BASIS OF VALUES

This rider does not have any cash or loan value

A handwritten signature in black ink, appearing to read "Lance Poole". The signature is written in a cursive, flowing style with a horizontal line extending from the end.

Lance H. Poole, ASA, MAAA
Assistant Actuary

3/20/2008

PROTECTIVE LIFE INSURANCE COMPANY

Actuarial Description

Waiver of Premium Rider

Form LV509V2 4-08

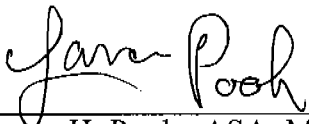
I. DESCRIPTION OF RIDER CHARACTERISTICS

This rider provides for waiver of premiums during total disability as defined in the rider.

The rider form defines all of the terms and conditions.

II. BASIS OF VALUES

This rider does not have any cash or loan value.



Lance H. Poole, ASA, MAAA
Assistant Actuary

POLICY SCHEDULE

POLICY NUMBER: SPECIMEN

FACE AMOUNT:	[\$100,000]	DATE OF ISSUE:	[May 1, 2008]
AGE AT ISSUE:	[35]	EXPIRY DATE:	[May 1, 2073]
[SEX:]	[MALE]	PREMIUM CLASS:	[STANDARD NON-TOBACCO]
INSURED:	[JOHN Q. DOE]	INITIAL PREMIUM PERIOD:	[10] YEARS
OWNER:	[JOHN Q. DOE]	CONVERSION PERIOD:	[10] YEARS

SCHEDULE OF BENEFITS AND PREMIUMS

FORM NO.	BENEFITS	BENEFIT AMOUNT	ANNUAL PREMIUM	PREMIUM PERIOD
	LIFE INSURANCE	[\$100,000]	[\$124.00*]	[10] YEARS
L504V2	ACCIDENTAL DEATH BENEFIT RIDER	[\$100,000]	[\$82.00]	[35] YEARS
L509V2	WAIVER OF PREMIUM		[\$17.00*]	[10] YEARS

* SEE PAGE 3A FOR SUBSEQUENT PREMIUMS

TOTAL PREMIUM FOR ALL BENEFITS ON THE DATE OF ISSUE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY PRE-AUTHORIZED CHECK
PER PAYMENT	[\$223.00]	[\$115.96]	[\$59.10]	[\$19.51]
PER YEAR	[\$223.00]	[\$128.96]	[\$236.40]	[\$234.12]

ALL AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE DATE OF ISSUE" INCLUDE THE PREMIUM FOR EACH RIDER. THE "TOTAL PREMIUM FOR ALL BENEFITS ON THE DATE OF ISSUE" WILL BE REDUCED BY THE AMOUNT OF THE PREMIUM FOR THE RIDERS UPON TERMINATION OF THE RIDERS.

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS

POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM	POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM
1	35	\$[124.00]	\$[17.00]	33	67	[3,666.00]	
2	36	[124.00]	[17.00]	34	68	[4,042.00]	
3	37	[124.00]	[17.00]	35	69	[4,499.00]	
4	38	[124.00]	[17.00]	36	70	[5,047.00]	
5	39	[124.00]	[17.00]	37	71	[5,654.00]	
6	40	[124.00]	[17.00]	38	72	[6,294.00]	
7	41	[124.00]	[17.00]	39	73	[6,964.00]	
8	42	[124.00]	[17.00]	40	74	[7,676.00]	
9	43	[124.00]	[17.00]	41	75	[8,460.00]	
10	44	[124.00]	[17.00]	42	76	[9,351.00]	
11	45	[548.00]	[50.00]	43	77	[10,380.00]	
12	46	[594.00]	[53.00]	44	78	[11,574.00]	
13	47	[632.00]	[56.00]	45	79	[12,912.00]	
14	48	[662.00]	[59.00]	46	80	[14,403.00]	
15	49	[701.00]	[64.00]	47	81	[16,025.00]	
16	50	[751.00]	[72.00]	48	82	[17,744.00]	
17	51	[814.00]	[89.00]	49	83	[19,621.00]	
18	52	[891.00]	[110.00]	50	84	[21,707.00]	
19	53	[980.00]	[138.00]	51	85	[24,027.00]	
20	54	[1,083.00]	[173.00]	52	86	[26,578.00]	
21	55	[1,201.00]	[211.00]	53	87	[29,336.00]	
22	56	[1,325.00]	[255.00]	54	88	[32,269.00]	
23	57	[1,443.00]	[312.00]	55	89	[35,345.00]	
24	58	[1,557.00]	[374.00]	56	90	[38,407.00]	
25	59	[1,683.00]	[451.00]	57	91	[41,424.00]	
26	60	[1,845.00]		58	92	[44,584.00]	
27	61	[2,057.00]		59	93	[47,917.00]	
28	62	[2,316.00]		60	94	[51,426.00]	
29	63	[2,599.00]		61	95	[54,902.00]	
30	64	[2,855.00]		62	96	[58,295.00]	
31	65	[3,081.00]		63	97	[61,912.00]	
32	66	[3,344.00]		64	98	[65,767.00]	
				65	99	[69,882.00]	

Basis of Reserve Computation. Statutory reserves are based on mortality rates from the [sex-distinct, Smoker or Nonsmoker 2001 Commissioners Standard Ordinary (CSO) Mortality Table and an annual effective interest rate of 4.0%].